

protecting their interests. The Governors of the two States with by far the most at stake—Wyoming and New Mexico—support this legislation because it allows them to do the same jobs better, fairer, and less expensively than the Feds could ever dream of doing. No, it is not a loophole bill, it is a reduce the Federal bureaucracy bill, and that bothers supporters of the status quo.

Mr. Chairman, I urge my colleagues to support the Kasich budget reconciliation bill. The Resources title is sound. It stands the test of increasing direct receipts without bankrupting the Treasury because of lost job opportunities. Vote "aye" on H.R. 2517.

OPPOSITION TO THE HANCOCK AMENDMENT

HON. ROBERT W. NEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 26, 1995

Mr. NEY. Mr. Speaker, yesterday I, along with several of my colleagues from both sides of the aisle, appeared before the House Rules Committee in an attempt to delete the Hancock Amendment from the reconciliation bill. This amendment threatens the long-term security of coal miner's health care benefits.

I strongly believe that our testimony has sparked a firestorm of debate on this issue that Congress can no longer choose to ignore. I further believe that this debate has hopefully prompted both sides on this issue to begin to come together, and common ground may be found. As we move toward the Senate with this monumental bill, I believe that the healthy debate which has been initiated on this issue can and will carry over to the Senate.

In conclusion, Mr. Speaker, I would urge my colleagues in both the House and Senate to take another look at this important issue. I believe that agreement can be reached that would help those who should not be paying into this fund, while at the same time, secure the long-term stability of this important fund that supplies health care to our retired miners who have worked so hard to build America and make it prosper.

A MESSAGE FROM HIS EMINENCE JOHN CARDINAL O'CONNOR

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 26, 1995

Mr. RANGEL. Mr. Speaker, I rise to pay tribute to the inspiring words and moral leadership of His Eminence John Cardinal O'Connor, the Catholic Archbishop of New York. Throughout the debate over balancing the budget and cutting taxes, both unfortunately at the expense of the most vulnerable of our citizens, Cardinal O'Connor has been a voice in the wilderness, crying out on behalf of the children, the poor, the aged, the sick and the afflicted.

The Cardinal's statement, so desperately needed today as we prepare to vote on the budget reconciliation bill, is in the spirit of the great humanitarian message left with us by Pope John Paul II on his recent visit to the

United States. It was a message beyond partisan politics and personal or commercial greed, a plea for compassion and the highest principles of America.

It is a message shared by all of the great religions, but one that has been missing in much of this debate over Medicare and Medicaid. It is a message that should be heeded by all of us as we address political issues which carry with them the greatest moral implications. Therefore, I am offering for the edification of my colleagues, the following message from John Cardinal O'Connor, which first appeared in the New York Post on October 25, 1995.

[From the New York Post, Oct. 25, 1995]

HEALTH CARE IS ABOUT PEOPLE

(By John Cardinal O'Connor)

It is immensely difficult today for hospital and nursing-home administrators—even doctors and nurses—to avoid becoming commercialized, to avoid becoming caught up in the marketing terminology, in quantitative competitiveness.

There is even immense pressure on administrators, doctors and nurses to think of departments and clinics and even patients as "cost centers," to determine how long a patient needs medical or nursing attention strictly in terms of how much the government or an insurance carrier will pay for. There is a grave temptation for health care to become just another industry.

I know the problems. The annual operating costs of 17 Catholic hospitals and 15 Catholic nursing homes in the Archdiocese of New York is \$1.7 billion. Why do we struggle to keep our doors open? In order to compete with an industry? Of course not—it's because we care about the human person.

Why did we pioneer in taking care of persons with AIDS, so that shortly after this tragedy struck our city, we rapidly became the largest private-sector caretaker of persons with AIDS in the United States? Why do influential men and women of the Knights of Malta visit and care for persons with AIDS in our Catholic hospitals? Why did we open the first Huntington's Unit to take care of people with a dread disease not reimbursed by the government?

Why did I announce in October, 1984 and many, many times since that any woman—of any religion, of any color, of any ethnic background—who is pregnant and in need could come to us from wherever and we would insure her medical care, her hospitalization, her legal assistance if she needed it, so that she could either keep the baby or have the baby adopted?

Why did we continue doing that, year after year? Because there are thousands and thousands of women in such need who have been helped.

Why do we do whatever we do for the retarded, the handicapped? Why do we do whatever we do for the poor? Why do we specialize in the needs of the poor in our Catholic health-care system? Because of our very passionate belief that every human person is sacred, is precious in the eyes of God, whatever his or her religious belief, ethnic or racial origin. All are persons. All are welcome in our Catholic health-care system.

The ease with which health care can become depersonalized is little short of terrifying, particularly when dealing with the most vulnerable: the unborn, the frail elderly, the comatose, the cancer-ridden. I have told this story before, but I feel compelled to tell it again because it is a shocking reminder of what can happen:

Our own Calvary Hospital is considered by professional observers to be one of the finest hospitals in the U.S. for those ill with cancer

which is, from a human perspective, incurable. Until not too many years ago, patients referred to Calvary from acute-care hospitals had an average length of stay of approximately six weeks. They lived for those six weeks in great comfort and love, given tender, gentle care by incredibly warm and dedicated doctors, nurses, administrators and staff.

Now, thanks to various new wonder drugs, patients may live six months or longer in the same loving and virtually pain-free environment, with added time to prepare both materially and spiritually for the death they know is coming, often strengthening bonds with families and finding peace at the end. I have never known a relative or friend of a Calvary patient who has not been deeply grateful for the extraordinary care given their loved one.

Some time back, however, the storm clouds gathered. A major insurance carrier called the leadership of Calvary Hospital to say: "You are keeping your patients alive too long. If you continue to do this, we will discontinue your insurance."

What a chilling effect on people trying to do good. It is so much easier to do evil than good, isn't it? Yet if we give up trying to do good, we lose our very reason for existence—we shrivel up and die.

William Lindsey White, in his "Captives of Korea," gave us all a grim reminder in his study of American Prisoners of war in Korea. Many were beaten and starved—but they cared enough about life to survive. Some prisoners, however, were not similarly tortured—yet they withdrew from all their fellow prisoners, curled into a fetal position and died of no medically identifiable cause.

White puts it starkly: "Those who believed in Nothing, died of Nothing at all."

Catholic health care will continue its struggle to survive because we believe in the sacredness of all human life at every stage of existence. We believe in the individual human person, the true heart of this city and every city, made in the Image and Likeness of God, precious infinitely beyond fiscal calculations or financial compensations.

We will struggle to survive because we care. We refuse to be depersonalized. We care too much to compromise our moral and ethical principles, to abandon human persons to inexorable economic forces. We will never withdraw from our obligations to the poor—or to anyone else who needs us. We will not curl up into a fetal position out of fear of hostile forces that may surround us.

We will not shrivel up and die—because we believe.

New York City is still basking in the magnificent glow of the visit of Pope John Paul II. I have received more phone calls and letters than about any other event I have ever experienced, from Jews, Protestants, Catholics, Muslims and people of no religious persuasion. Millions never got near the Pope—but they sat glued to their television sets, watching and listening.

And what are they talking about now? The glamour, the air of power, the immense amount of security, the pageantry? No—that's not what they're writing to me and talking to me about. They are telling me over and over that this man has moved them deeply—even changed their lives—because they have seen how much he cares for everyone. He breathes love, he inspires hope—because he cares.

I conclude with the moving words the same Pope uttered in Central Park. They are equally and beautifully applicable to Catholic health care—indeed, to all of the activities in this great city, which this Pope calls "the capital of the world." I quote him:

"In our bodies, we are a mere speck in the vast created universe, but by virtue of our